

**Application Data Sheet**

**Application Information**

Application number:: 10/579,221  
Filing Date:: May 12, 2006  
Application Type:: Regular  
CD-ROM or CD-R?: None  
Number of CD Disks::  
Number of copies of CDs::  
Sequence submission?:  
Computer Readable Form  
(CRF)?:  
Number of copies of CRF:  
Title:: VENT SYSTEM FOR CPAP  
PATIENT INTERFACE USED  
IN TREATMENT OF SLEEP  
DISORDERED BREATHING  
  
Attorney Docket Number:: 4398-537  
Request for Early Publication?: No  
Request for Non-Publication?: No  
Suggested Drawing Figure:: 1  
Total Drawing Sheets:: 32  
Small Entity?: No  
Petition included?: No  
Petition Type::  
Licensed US Govt. Agency::  
Contract or Grant Numbers::

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Great Britain  
Status:: Full Capacity

Given Name:: Donald  
Middle Name::  
Family Name:: DARKIN  
Name Suffix::  
City of Residence:: Dural  
State or Province of Residence:: New South Wales  
Country of Residence:: Australia  
Street of mailing address:: c/o ResMed Limited, 1 Elizabeth Macarthur Drive  
City of mailing address:: Bella Vista  
State or Province of mailing address:: New South Wales  
Country of mailing address:: Australia  
Postal or Zip Code of mailing address:: 2153  
Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Australia  
Status:: Full Capacity  
Given Name:: Patrick  
Middle Name:: John  
Family Name:: MCAULIFFE  
Name Suffix::  
City of Residence:: Chatswood  
State or Province of Residence:: New South Wales  
Country of Residence:: Australia  
Street of mailing address:: c/o ResMed Limited, 1 Elizabeth Macarthur Drive  
City of mailing address:: Bella Vista  
State or Province of mailing address:: New South Wales  
Country of mailing address:: Australia  
Postal or Zip Code of mailing address:: 2153

**Correspondence Information**

Correspondence Customer Number:: 23117

**Representative Information**

Representative Customer Number:: 23117

**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	An application	60/524,728	Nov/25/2003
	claiming the benefit	60/538,507	Jan/26/2004
	under 35 USC 119(e)	60/550,319	March/08/2004

**Foreign Priority Information**

Country::	Application Number::	Filing Date::	Priority Claimed::
		DAY/MONTH/YEAR	
	PCT/AU2004/001650	25 November 2004	Yes

**Assignee Information**

Assignee Name::	RESMED LIMITED
Street of mailing address::	97 Waterloo Road
City of mailing address:	North Ryde
State or Province of mailing address::	New South Wales, Australia
Country of mailing address::	
Postal or Zip Code of mailing Address::	2113